

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Fisher, Pa. Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

2. Article Number (Copy from service label)

7000 0600 0027 5713 4321

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *[Signature]*☐ Agent☒ AddresseeD. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

OCT 05 2000

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesFILED
HARRISBURG

OCT 10 2000

MARY E. D'ANDREA, C

Per *[Signature]*

DEPUTY CLERK

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1. Article Addressed to:

Mr. Francis Filipi, Deputy Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *[Signature]*☐ Agent☒ AddresseeD. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

OCT 05 2000

1-CV-00-1389
S. Cause on
10/4/00

2. Article Number (Copy from service label)

7000 0600 0027 5713 4307

PS Form 3811, July 1999

Domestic Return Receipt

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CV-1-00-1389

S. Cause on (R)
10/4/00

102595-99-M-1789